## **Past Performance Information**

(This page is intended as an aid for proposal submission)

This form represents the same information as defined in Section L, and may be used to submit recent and relevant contracts as defined in Section L. If this form is used and a more detailed explanation is required, you may continue on a separate sheet of paper.

Contract Identification Number:				
Award Date:				
Total Contract Value:				
Government or Commercial Contract?GovernmentCommercial				
Business or Agency Name:				
Phone Number: ( ) Ext				
Street Address:				
Points of Contact:				
Procuring Contracting Officer or Buyer:				
Name:				
Telephone and FAX numbers:				
Email Address:				
Current Administrative Contracting Officer (if applicable):				
Name:				
Telephone and FAX numbers:				
Email Address:				
Government Quality Assurance Representative (QAR) (if applicable):				
Name:				
Telephone and FAX numbers:				
Email Address:				

## Description of Item: Name or Nomenclature: \_\_\_\_\_\_\_\_ Part Number: \_\_\_\_\_\_\_\_ Please provide an explanation of relevance to the current solicitation effort: Performance that demonstrates the offeror has successfully manufactured the M203 Grenade Launcher Barrel or similar.

Describe technical innovations or engineering changes that improved the quality of performance aspects of the delivered product, or any significant achievements associated with contract performance:

Were there any instances where technical or schedule requirements were not met? If not, please

If you answered YES to the above, please identify the contract and explain the cause of delay such as castings, subcontractor or vendor problems, Technical Data Discrepancies, etc. Include

state "NONE":

the original and revised schedules in the spaces below:

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Contract Number	Reason For Delay	Original Schedule	Revised Schedule	
• -	ity problems that you ended the customer (for exarings, etc.)	-		
deficiency. Includ	nality Deficiency Report le a description of the concrete and if applicable ide	rrective actions imple	emented as a result of the	he
NAME:				
PHONE AND/OR	FAX NUMBER:			
DATE COMPLET	TED:			

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